

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

5000 5/19/05

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>3/10/05</u>		2 Serial/Patent # <u>10/524039</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
<input checked="" type="checkbox"/> Filing	<u>fee code change</u>		\$ <u>100</u>						
<input type="checkbox"/> Amendment			\$						
<input type="checkbox"/> Extension of Time			\$						
<input type="checkbox"/> Notice of Appeal/Appeal			\$						
<input type="checkbox"/> Petition			\$						
<input type="checkbox"/> Issue			\$						
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/> Maintenance			\$						
<input type="checkbox"/> Assignment			\$						
<input type="checkbox"/> Other			\$						
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>						
		8 TO BE REFUNDED BY:	<u>TT</u>						
9 REASON:		Treasury Check							
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/>	Credit Deposit A/C #:						
<input type="checkbox"/> Duplicate Payment		9	<table border="1" style="display: inline-table; width: 150px; height: 20px;"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td></tr></table>			--			
		--							
<input type="checkbox"/> No Fee Due (Explanation):									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>							
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140-xt</u>							
OFFICE: <u>DO/EO</u>		23							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: _____		DATE: _____							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: